

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
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APPLICANT(S)
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**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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2						
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41	10					
42	10					
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49						
50						
TOTAL IND.	10					
TOTAL DEP.	320					
TOTAL CLAIMS	330					

	IND		DEP		IND		DEP		IND		DEP	
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TOTAL DEP.												
TOTAL CLAIMS												